

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4673HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2009
NAME OF PROVIDER OR SUPPLIER GLICER RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3861 CLIMBING ROSE STREET LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility 6/29/09 through 9/23/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two. Two resident files were reviewed three discharged resident files were reviewed. The following regulatory deficiencies were identified:	H 000		
H 999	Final Comments This Regulation is not met as evidenced by: Nevada Administrative Code 449.0118 Denial, suspension or revocation of license: Grounds (NRS 449.037). In addition to the grounds set forth in NRS 449.160 and any other grounds specifically applicable to a particular license, the Health Division may deny an application for a license or may suspend or revoke a license upon any of the following grounds: 1. The failure or refusal of an applicant or licensee to comply with any of the provisions of chapter 449 of NRS or the regulations adopted by the State Board of Health. 4. Accepting for care, at any given time, more	H 999		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 999	<p>Continued From page 1</p> <p>residents than the number specified in the license.</p> <p>Based on record review and interview from 6/29/09 through 9/23/09, the facility admitted more residents than they were licensed to care for on two occasions between 5/4/09 and 6/21/09. Findings include:</p> <p>A complaint investigation was initiated at the home on 6/29/09. The facility was cited for not having a qualified caregiver on site. On 7/15/09, the complainant reported the facility admitted more residents than the number specified in the license. A review of the facility's files revealed the following:</p> <p>Resident #1: The resident was admitted on 12/8/08 and continued to be a resident during the investigation. On 7/2/09, the resident was interviewed while he was sitting in his wheelchair in his room. The resident confirmed he received his room, meals, and help with his medications from the facility. The facility submitted a plan of care for Resident #1 on 9/21/09 which indicated the facility administered his medications, and assisted with transfers, personal hygiene, toileting and bathing.</p> <p>Resident #2: The resident was admitted on 6/3/09 and continued to be a resident during the investigation. On 7/2/09, Resident #2 was asleep in her bed during the investigation. The facility submitted a plan of care for Resident #2 on 9/21/09 which indicated the resident had a catheter and a feeding tube. The resident is also bedfast, and requires her position to be changed by a caregiver every two hours. The facility administers her medications.</p> <p>Resident #3: The resident was admitted on 6/8/09 while Resident #1 and Resident #2 were living in the facility. The facility submitted a personal activities of daily living form that</p>	H 999		

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H 999	<p>Continued From page 2</p> <p>indicated Resident #3 needed total assistance with transfers and was incontinent. Resident #3 was removed from the facility by her sister on 6/21/09, reportedly due to a lack of qualified staff, and the quality of care issues.</p> <p>Resident #4 was admitted to the facility on 3/25/09 and lived in the facility at the same time as Resident #1. The facility submitted a personal activities of daily living form dated 3/25/09 and signed by the owner which indicated a Hoyer lift was used by the caregivers to help Resident #4 with ambulation and transferring. The resident also had an indwelling catheter. The resident was transferred to a new facility on 5/12/09 and the new facility's admission record, dated 5/13/09, revealed Resident #4 required maximum supervision.</p> <p>Resident #5 was admitted on 5/4/09 and lived at the facility during the same time as Resident #1 and #4. The facility submitted a personal activities of daily living form dated 5/4/09 and signed by the owner which indicated Resident #5 was bedfast, could only transfer with full assistance, and was totally incontinent of bladder and bowel. The resident passed away on 5/12/09.</p> <p>Based on interviews and document reviews, the operator of the facility admitted more than two residents who required assistance and limited supervision on two occasions - between 6/8/09 to 6/21/09 (Residents #1, #2 and #3), between 5/4/09 and 5/12/09 (Residents #1, #4 and #5).</p>	H 999			

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